Northern Health and Social Care Trust

**Minutes of One Hundred and Seventy Second Trust Board Meeting held on Thursday 25 June 2026 at 10:15am, Boardroom, Trust Headquarters, Bretten Hall, Antrim Area Hospital**

**Present:**

Anne O'Reilly, Chair
Suzanne Pullins, Chief Executive
Carol Diffin, Non-Executive Director, Vice Chair
Paul Turley, Non-Executive Director
Paul Douglas, Non-Executive Director
Kathy Mackenzie, Non-Executive Director
Dr Janet Gray, Non-Executive Director
Mike Keating, Non-Executive Director
Dr George Gardiner, Executive Director of Medicine
Maura Dargan, Executive Director of Social Work
Stevie Lennon, Interim Director of Finance
Gill Murphy, Executive Director of Nursing
Gillian Traub, Director of Operations
Neil Martin, Director of Strategic Planning, Performance, and ICT
Paddy Graffin, Director of Infrastructure
Dr Petra Corr, Director of Mental Health, Learning Disability and Psychological Services
Audrey Harris, Director of Medicine and Emergency Medicine
Lynne McCartney, Director of Surgical and Clinical Services
Diane Spence, Director of Community Care
Jacqui Armstrong, Interim Director AHP, Intermediate Care and Integrated Discharge
Joanne Edgar, Head of Communications
Francis Rice, Independent Advisor to Trust Board
Karen O'Kane, Business Support Manager

**In attendance:**

Oonagh Burns, Assistant Director of Human Resources, attending on behalf of Jacqui Reid
Karen Scarlett, Director of Adult Care Services, Regulation and Quality Improvement Authority (RQIA)
Cheryl Lamont, Authority Member, RQIA
Michelle Weir, Local Democracy Reporter
James Large, UNISON Representative
Claire Bolt, UNISON Representative

Ms O'Reilly began by welcoming those in attendance and advising members that Mr Large had been given Speaking Rights in order to address Trust Board. Mr Large then made his statement and following this, the Chair thanked Mr Large and his colleagues for attending. The statement is appended to the minutes of the meeting – Appendix 1.

Mr Large and Ms Bolt left the meeting at this time.

**TB63/26 – Apologies**

Apologies were received from Scott Armstrong, Non-Executive Director and Jacqui Reid, Director of Human Resources, Organisational Development and Corporate Communications.

**TB64/26 – Conflicts of Interest / Declarations of Interest**

No conflicts of interest or declarations of interest were made.

**TB65/26 – Chair's Report**

The Chair welcomed members, attendees and observers to the meeting. In opening the meeting, Ms O'Reilly outlined the role and responsibilities of the Trust Board and noted that the Board's business is framed by its statutory duties in relation to financial stewardship, quality, staff and involvement. It was noted that the Committee structure, chaired by Non-Executive Directors, provides the key mechanism through which assurance is received, scrutiny is undertaken and matters requiring escalation are brought to the Trust Board.

The Chair reported that she had attended the Robinson Hospital Annual General Meeting and reflected on the importance of the Robinson Hospital as an example of neighbourhood working in practice. Members were advised that, although referred to as a hospital, the site operates as a broader health and social care hub serving the Ballymoney and Causeway population. The Board noted the range of services delivered from the site, including hospital diversion, podiatry, child development services, child and adolescent mental health services, therapy services, community mental health support, student placements and partnership arrangements with voluntary and community organisations.

Ms O'Reilly highlighted the significant value of the partnership arrangements between the Trust and the Robinson Hospital Board and paid tribute to the

contribution of Diane Spence and Paddy Graffin in maintaining and strengthening those relationships. Members noted that a Memorandum of Understanding was being progressed and that the Chair was due to undertake a site visit on 7 July 2026. It was recognised that the Robinson model provides a practical example of the direction of travel towards neighbourhood and community-based care.

The Board considered the update in relation to Committee in Common arrangements and wider regional transformation work across the six Trusts. Members noted that procurement standardisation had been added to the regional agenda, with a focus on reducing variation and considering supplier arrangements. The Chair also referred to the Sensible Care approach, which was being led regionally and focused on reducing unwarranted variation, standardising practice, shifting care to the most appropriate setting and stopping activity which adds limited value. Members noted examples of work under consideration, including heart failure at home, pathology demand optimisation, diagnostic imaging and multidisciplinary working. Discussion highlighted the importance of understanding the impact of regional transformation work on the Trust's own performance position. Mr Rice noted that it would be helpful for the Board to understand how regional work, including the work of the Committee in Common and the Chief Medical Officer, would support improvement in areas such as diagnostics, waiting lists and treatment pathways. The Chair agreed and noted that this would be helpful to consider further as part of Non-Executive Director discussions on performance.

The Chair referred to the findings of the Muckamore Abbey Hospital Inquiry and read a statement issued by the Northern Ireland Confederation of Health and Social Care (NICON). Members noted the seriousness of the findings, the profound impact on patients, families, staff and the wider public, and the commitment across Health and Social Care organisations to learning, strengthening leadership, governance and safeguarding arrangements, and protecting patient safety. The Board agreed that the statement should be recorded in the minutes. This is appended at Appendix 2.

In response to a query from Mr Turley regarding palliative care provision within the Robinson Hospital, Mrs Spence advised members that palliative and end-of-life care is provided within community hospital beds across the Trust. It was clarified that both generalist and specialist arrangements support end-of-life care provision and that the Trust continues to provide access to palliative care services within community settings.

**TB66/26 – Chief Executive's Report**

Mrs Pullins updated the Board on a number of issues since the previous meeting. She referred to the period of civil unrest experienced across Northern Ireland from 9

June 2026 and acknowledged the significant impact this had on staff, particularly colleagues from the international community. The Board noted that there is no place for racism in society and that the Trust had provided support to staff during this period. Members also noted that the Trust Incident Management Team had been established and that the safety of staff and service users had been the priority throughout.

The Chief Executive provided an update on the financial planning process and advised that the Trust continued to work with colleagues in the Department of Health (DOH) and Strategic Planning and Performance Group (SPPG) to finalise savings plans. Members noted that the Trust remains supportive of the Minister's vision for neighbourhood models of care, including a greater emphasis on prevention, early intervention and community-based delivery, whilst recognising that transformation must be delivered alongside financial stability.

Mrs Pullins also referred to industrial action and acknowledged the right of staff to undertake industrial action. She thanked colleagues involved in planning, contingency arrangements and mitigation measures to ensure services were maintained as safely as possible.

**TB67/26 – Minutes of the Meeting held on 28 May 2026**

The minutes of the meeting held on 28 May 2026 were agreed as an accurate record.

**TB68/26 – Matters Arising**

The Board noted that there were five matters arising from the previous meeting and that these had been shared with the relevant individuals for progression. It was noted that any issues requiring further discussion would be brought back to the Board as appropriate.

**TB69/26 – Update from Outcomes and Assurance Committee**

Mrs Diffin presented the update from the Outcomes and Assurance Committee. Members noted that the Committee had considered both the approved minutes of the previous meeting and the draft minutes of the most recent meeting. Mrs Diffin acknowledged the significant work undertaken by administration colleagues to support timely production of the draft minutes.

The Board noted that the Committee had reviewed the Principal Risk Document and that there had been an increase in risk level for two of the eleven principal risks, one of which was an administrative correction rather than an operational change. The risks highlighted related to care placements for children and the requirement for nursing agency use. The Corporate Risk Document had also been reviewed, and it was agreed that, in line with the Assurance Framework, it would now be considered by the Committee on a quarterly basis in relation to new risks.

Members noted that assurance mapping had been undertaken in respect of overcrowding in Emergency Departments and gender accommodation in adult inpatient areas. The Committee was assured by the level of oversight and the assurance arrangements in place for those risks. The Committee had also approved a number of documents, including the Governance Statement, Research and Development Annual Report, Pharmacy Services Annual Assurance Report and Safety and Quality Improvement Plan.

The Board noted that the Committee had received a wide range of regular assurance reports, including the annual review of the Assurance Framework, quarterly risk management data, RQIA activity, complaints performance under the new complaints' procedure, safety and quality reports, patient involvement and experience reports, resuscitation reports and steering group feedback reports. Mrs Diffin advised that the steering group reports were helpful in providing clear feedback on key issues requiring Committee oversight.

One matter was highlighted for escalation. Members were advised of an ongoing issue relating to the age of the Trust's aseptic units and the need for urgent capital investment. It was noted that there were assurances and mitigating actions in place and that no specific action was required by the Board. The committee was assured by Dr Gardiner that the risks were being managed. Mrs Pullins reflected that she wished to check the draft minutes about a specific issue and would ask Ms Traub and Mrs Murphy to review.

Report noted for assurance.

**TB70/26 – Performance Report as at 31 May 2026**

The Board received the Performance Report. It was noted that the report continues to develop as reporting arrangements mature following the implementation of encompass. Members were advised that a new indicator had been added in relation to compliance with elements of the palliative care bundle within district nursing services.

The Board noted that the regional nursing quality indicator measures compliance with six elements of palliative care, including identification of the district nurse as key worker, explanation of the key worker role, recording of palliative diagnosis, anticipatory medication arrangements and care planning for end-of-life preferences. Members were advised that reported compliance was 19.64% and that confidence in the data was currently assessed as medium. It was noted that work was ongoing regionally and within the Trust to refine the data and improve reporting. Members also noted work underway in relation to the Just in Case initiative, which supports anticipatory medication within service users' homes.

Discussion highlighted the importance of district nursing services in supporting end-of-life care in the community. Members welcomed the indicator and noted the importance of team-based support for people who wish to remain at home. In response to a query regarding the proportion of people who die at home, it was noted that approximately 49% to 50% of people die at home, although a higher proportion may express a preference to do so.
The Board considered the summary of issues on the Support Intervention Framework, which forms part of the accountability arrangements between the Trust and SPPG. Members noted that issues are categorised across escalation levels one to five and that the Trust's current issues were spread across levels one, two and three. Items included ambulance handover, Emergency Department waiting times and 12-hour breaches, Hospital at Home, neurology services, non-compliant serious adverse incident timescales, short breaks for children with disabilities and the Community Stroke Service.

Mr Douglas queried the rating of Neurology Services as a Level 2 escalation and Mr Martin confirmed this had always been the case. Mrs Harris provided an update on neurology services, which remained fragile but were subject to ongoing regional work. The Board noted that patients continued to be allocated to other Trusts where appropriate and that one Trust response remained outstanding. It was noted that the Trust continued to engage with SPPG and other Trusts to ensure patients had access to services. Members also noted governance arrangements involving the South Eastern Trust and the use of locum support, with an expectation that further progress could support future de-escalation.

The Board discussed Hospital at Home and Mr Turley expressed disappointment at the pace of development of the service. Mrs Armstrong noted that the service was working towards an average caseload of eight to ten patients within existing resources and that plans were in place to extend the service to accept referrals for individuals in their own homes in the East Antrim area with the next anticipated locality anticipated to be Antrim/Ballymena based on information regarding current profile of patient ED conveyance. It was reported that referral pathways from Emergency Departments and frailty services had been strengthened. The Chief

Executive noted that she had visited the team and was assured regarding the leadership, flexibility and intent of the service. The Chair emphasised the importance of recording the Board's assurance while recognising the need to continue developing the model.

Members received a detailed update on ambulance handover performance. It was reported that there had been statistically significant improvement in handovers within 15 minutes and 60 minutes at both Antrim and Causeway Hospitals. The number of patients waiting more than two hours for handover had reduced significantly and average handover times had approximately halved across both sites. Members were advised that a high-level calculation indicated that the improvement had released approximately 26.6 ambulance hours per day at Antrim and 12.5 ambulance hours per day at Causeway, amounting to approximately 40 hours per day of ambulance capacity across the two sites.

The Board noted that the improvements had been achieved through sustained operational focus, regular engagement with the Northern Ireland Ambulance Service and Regional Coordination Centre, senior nursing presence, nurse-led triage and wider work on flow across the hospital system. Members also noted that staff feedback indicated that improved handover arrangements had reduced stress for Emergency Department nurses, although the need to maintain intensity and focus was emphasised.

Mrs Diffin and Ms Mackenzie welcomed the improvement and commended the work of the teams involved. It was noted that further written feedback from an external review of the unscheduled medicine service would be shared once received, and that any relevant assurance statements should be reflected in future reporting. Ms Mackenzie also asked if there had been any impact on walk-in patients. Mrs Harris did not have the information to hand but did not believe there had been. Waiting time information will be shared with Ms Mackenzie. The Chair placed on record the Board's thanks to the Director and the wider teams, with particular recognition of the nurse-led work supporting ambulance handover improvements.

The performance report was noted.

The Board received assurance regarding progress and ongoing improvement actions.

**TB71/26 – Statutory Functions Report**

Maura Dargan presented the Statutory Functions Report and advised that the Board had received a detailed presentation in reserved session the previous day from

Assistant Director colleagues across children's and adult services. The Board was asked to retrospectively approve the 2025/26 statutory functions submission and the proposed 2026/27 action plan, which had already been submitted to SPPG due to the reporting timetable.

Members noted that the action plan included within the papers would be refined following the accountability meeting with SPPG. Maura Dargan advised that SPPG had commended the Trust for its ongoing commitment, hard work and evidence of improvement over the previous year. The Board agreed that this positive feedback should be placed on record for social work teams and leadership colleagues.
The Board noted that the report set out significant pressures affecting service quality and timeliness. These included sustained demand, ongoing vacancies, lack of growth investment, delays in unallocated cases, review timeliness, placement matching and capacity to complete statutory activity within expected timescales. Members noted that risks were visible to senior leaders, actively managed and escalated through governance arrangements.

Mrs Diffin welcomed the reported 90% retention rate in social work posts and recognised that this had not happened by accident. It was noted that recruitment and retention remain live issues, particularly in frontline children's teams, but that new initiatives, including additional Band 5 posts, were expected to help reduce workload pressures and support frontline teams. Members also discussed the importance of the experience of students and newly qualified staff, and the support provided through governance, training and local team arrangements.

The Board discussed ongoing risks across children's and adult services, including unallocated cases, statutory visits, review compliance, placement availability, the RQIA enforcement notice in relation to unregulated emergency placements for children, approved social work provision, access to inpatient beds, early years, looked after children, fostering and kinship assessments, and short breaks for children with disabilities.

Members reflected on the wider societal factors contributing to pressure on families and children's services and noted the importance of aligning children and families work with neighbourhood approaches. The Board welcomed the transparency of the report and the assurance provided regarding clear lines of sight from frontline services through to senior management and the Trust Board.

The Board retrospectively approved the Statutory Functions Report and endorsed the associated Action Plan.

**TB72/26 – Financial Position as at 31 May 2026**

Mr Lennon presented the financial position and advised that month two reporting remained at an early stage in the financial year, as the Trust had not yet received its Revenue Resource Limit. Members noted that the Trust continued to anticipate key deficits in emergency medicine, community care and mental health services, with pressures relating to high-cost cases and workforce utilisation, particularly agency and medical agency expenditure.

The Board noted that a savings requirement of approximately £30.9m had been identified. Mr Lennon advised that, for technical reasons, savings were not yet being fully recognised in the month two position, although the Trust was confident that approximately £10m to £12m would materialise. Members noted that agency spend remained a significant area of focus, including off-framework expenditure, particularly in medical agency staffing.

Members were advised that workforce costs to date were approximately £70m, around £1m below the same period in the previous year. It was noted that this was early in the year and that the trajectory would require close monitoring as expenditure patterns became clearer.

**TB73/26 – Report from Audit Committee**

Mr Douglas presented the Audit Committee report from the meeting held on 11 May 2026. Members noted the overall limited assurance position across the internal audit programme for 2025/26, reflecting ongoing challenges within the Trust and wider sector. Positive progress had been made in closing audit recommendations, although a number of outstanding actions remained.

The Committee had requested further updates and an action plan to improve the assurance position for 2026/27. Members noted that an additional meeting would be held in August, focused, specifically on those actions. Key areas of risk included waiting list initiatives and contracts, where issues were primarily regional in nature and required Department of Health and SPPG leadership and coordination. Members also noted limited assurance in relation to medical recruitment and retention, with the main issue being the absence of a performance strategy. A new group had been established, with key performance indicators and pilot initiatives being developed. Progress was also reported in relation to business continuity, with most recommendations implemented or nearing completion. The Board noted issues relating to surgical triage, including delays and alignment with consultant job plans, and noted satisfactory assurance in respect of clinical and social care governance, Mental Capacity Act compliance and job planning follow-up.

The Committee had approved the Internal Audit Plan for 2026/27, which would focus on areas including cyber security, governance processes and regional audits. Members noted that Audit Committee Chairs meet across the system and that this provides an additional mechanism for raising regional issues and sharing learning.

Report noted for assurance.

**TB74/26 – Report from Resources Committee**

The Board received the report from the Resources Committee from Mr Lennon. It was noted that the report related to the March meeting and that subsequent meetings had begun to consider how the Committee would structure future deep dives and increase focus on areas requiring targeted scrutiny.

Members noted that divisional teams had attended the Committee to provide detailed updates on financial position and performance pressures. Discussion included corporate parenting, performance issues, financial planning for 2025/26, delivering value governance arrangements, emergency pressures, Integrated Care Partnership updates, cyber security risks, legacy system matters, estates issues, energy efficiency schemes, business cases and contract awards.

The Board discussed the Delivering Value agenda and noted that governance arrangements were being revised to focus more clearly on financial efficiency and areas where performance or savings delivery was off track, rather than receiving detailed updates on all schemes. Members noted that a cost improvement group would support pipeline development and enable more focused scrutiny of specific areas of pressure.

The Chief Executive advised that directors recognised the need to strengthen the level of detail and grip in relation to delivering value. No matters were escalated to the Trust Board for further action.

Report noted for assurance.

**TB75/26 – Report from Charitable Trust Funds Committee**

Ms O'Reilly presented the report from the Charitable Trust Funds Committee held on 18 May 2026. Members noted the Trust's governance responsibilities in relation to charitable funds and the importance of strengthening visibility and understanding of how charitable fund resources are used.

It was noted that charitable funds can support significant investment in the Trust's population and in work relating to people and culture. The Chair reflected that further work should be undertaken to improve the presentation and communication of projects supported by charitable funds. Members also noted the strong governance position set out in the trustee report and accounts and acknowledged the support provided by staff in servicing the Committee.

The Board noted that work continued in relation to Charity Commission registration. It was reported that South Eastern Trust was further advanced in the process and that learning from its experience would be applied to the next stage. No matters required escalation to the Board.

Report noted for assurance.

**TB76/26 – Business Case: Replacement of Obstetric Monitoring System and Cardiotocographs**

Mrs Murphy presented the business case for replacement of the centralised obstetric monitoring system and cardiotocograph equipment within maternity services. Members were advised that cardiotocograph monitoring is used to monitor foetal heart rate and uterine contractions during labour, supporting assessment of foetal wellbeing and detection of foetal distress.

It was noted that the central monitoring system allows CTG monitoring from across the unit to be viewed centrally by senior obstetricians and midwives, supporting oversight, handover and peer review. The system also records and stores historical CTG traces for retrospective review. Members were advised that the current system and CTG equipment are obsolete, unsupported and beyond recommended lifespan, with associated risks relating to monitoring capacity, record retention, clinical safety, digital systems and governance.

The business case set out three options, with option three identified as the preferred option. This involved full replacement of the central monitoring system, purchase of twenty-six machines plus two additional roaming units and arrangements for archiving historical information. Members noted the capital requirement of £518,462 and that revenue costs would be offset by savings in repair and maintenance costs.

Members discussed remote monitoring functionality and Mr Turley asked for clarification on the procurement arrangements. Mr Graffin provided an assurance that the system would be procured through standard frameworks, would align with regional practice and would support future integration with encompass. Mr Rice

welcomed the proposal and noted the importance of CTG monitoring in the context of patient safety and serious adverse incidents.

The Chair noted the importance of ensuring appropriate visibility of business case governance, including clarity regarding revenue consequences and cost offsets. Members were assured regarding the clinical need, governance rationale and financial approach.

Trust Board approved the Business Case.

**TB77/26 – Capital Report as at 30 April 2026**

The Board received the Capital Report. Members noted that the Trust had received a capital allocation of £17.686m, representing an increase of approximately £5m. The report highlighted current project evaluations and the stage of development of existing schemes.

Members acknowledged that, although the increase in allocation was welcome, there remained limited scope for new projects in the current financial context. It was noted that capital prioritisation would continue to be actively monitored.

Report noted for assurance.

**TB78/26 – Any Other Business**

There were no items of any other business raised, however, on request from the Chair, the RQIA representatives shared their reflections on how the meeting was conducted. Specific mention was given to the positive personal experience associated with a family member who had been open to the Hospital at Home service, describing the care delivered as ‘outstanding.’ Mrs Armstrong thanked the representative for their comments and committed to sharing this feedback with the team.

**TB79/26 – Public Questions**

No public questions were raised.

**TB80/26 – Date of Next Meeting**

The Board discussed arrangements for the next meeting. It was noted that there may be a requirement for an additional Trust Board meeting and that arrangements would be confirmed separately.

The next confirmed meeting is Thursday 27th August 2026.

**Appendix 1: Statement from James Large, UNISON Representative**

“Chair, Chief Executive, and Board Members,

Thank you for the opportunity to address the Board.

I am speaking today on behalf of UNISON, the largest trade union in Northern Ireland, representing tens of thousands of Health and Social Care staff across all professions and services.

The issue I wish to raise is the growing concern that financial pressures and savings targets across Health and Social Care are contributing to the casualisation of the workforce and undermining nationally agreed terms and conditions.

UNISON is increasingly hearing concerns that substantive staff are being expected, encouraged, or directed to undertake additional hours through bank arrangements rather than being paid overtime in accordance with Agenda for Change provisions.

If this is occurring, it raises serious concerns regarding compliance with Agenda for Change the nationally agreed workforce terms and conditions, and workforce policies. This is not isolated to one area; it is right across the trust.

This is not simply a payroll issue. It is a workforce issue, a governance issue, and ultimately a patient care issue.

A casual workforce is an unstable workforce.

Health and Social Care services depend upon a committed, experienced, and stable workforce. Yet we appear to be moving towards employment practices that increase reliance on casual arrangements rather than strengthening substantive employment.

Where additional hours are routinely diverted through bank arrangements instead of being recognised as overtime, staff can be financially disadvantaged. This can affect occupational benefits like occupational maternity pay, and take-home pay. It can also create unnecessary complexity around taxation and employment rights.

Staff should not be expected to sacrifice contractual entitlements in order to help organisations achieve savings targets. This is, in my view exploiting your staff members needs to pay bills, as they will work by any means necessary.

There are also significant workforce wellbeing implications.

Permanent staff are already working under considerable pressure. Where vacancies remain unfilled and substantive posts are not expanded to meet service demand, existing staff are often expected to absorb additional workload.

The result can be increased fatigue, lower morale, higher sickness absence, and greater difficulty retaining experienced staff.

This creates a false economy.

Any short-term financial savings achieved through casualisation can quickly be outweighed by the costs associated with increased absence, turnover, recruitment difficulties, reduced productivity, and loss of experience.

There is also concern where agency workers continue to be utilised while substantive employees are denied opportunities to work additional hours on the terms and conditions negotiated through Agenda for Change. This practice must cease, and furthermore the practice of “they are covering unfunded positions” also needs to cease.

The principle should remain clear:

Additional hours should first be offered to part-time staff seeking to increase their contractual hours.

Overtime opportunities should then be made available to substantive full-time staff in accordance with Agenda for Change.

Bank arrangements should be used appropriately.

Agency staffing should remain a measure of last resort.

Any departure from these principles raises serious questions about compliance with nationally agreed terms and conditions, value for money, and workforce sustainability.

Health and Social Care cannot build a stable future on an increasingly casual workforce.

The long-term answer to financial pressures is not the erosion of terms and conditions. It is investment in recruitment, retention, workforce planning, and meaningful engagement with staff and their trade unions.

UNISON is therefore calling for assurance that financial recovery plans and savings measures are not resulting in the circumvention of Agenda for Change provisions, that nationally agreed terms and conditions are being fully respected, and that Health and Social Care remains committed to building and maintaining a stable, substantive workforce.

A stable workforce delivers better outcomes for staff, better outcomes for patients and service users, and better value for the public purse.

I am seeking assurance today that if this practice is occurring of telling staff to undertake hours on “the bank”, it ceases and does so immediately, that clear communication is circulated to all staff of the proper process, and any other practices happening across the trust must cease.

Thank you.”

## Appendix 2: Statement from NICON on Muckamore Abbey Hospital Inquiry

NICON has worked directly with our HSC members to produce a statement on the findings of the Muckamore Abbey Hospital Inquiry, which were published earlier today.

The statement reads as follows:

"The findings of the Muckamore Abbey Hospital Inquiry mark a dark and significant moment for the Health and Social Care (HSC) system in Northern Ireland.

"The Northern Ireland Confederation of Health and Social Care (NICON), which represents all statutory HSC organisations, recognises the seriousness of what has been identified and the profound impact on patients, families, staff and the wider public.

"Collectively, as senior leaders, we would like to assure the public and staff that we are committed, as a system, to learning from these findings and to strengthening leadership, governance and safeguarding arrangements across all services to reduce the risk of such failings occurring again.

"Significant work has already begun. We will prioritise these key plans and projects, as well as any new initiatives emerging from the recommendations, to protect patient safety in the coming months and years, learning from best practice in other parts of the NHS.

"We acknowledge the further distress this report will cause for patients, families, and their experiences remain central to how we take this work forward.

"Our thoughts remain with all those affected at this time."